



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Confirmation No.:

1987

Dennis William Mueller et al.

Group Art Unit:

2882

Serial No.:

10/743,896

Examiner:

Ho, Allen C.

Filed:

December 22, 2003

Docket No.

191314-1011

For:

PORTABLE X-RAY DIFFRACTOMETER

SECOND RESPONSE

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The non-final Office Action mailed by the U.S. Patent and Trademark Office on October 7, 2004 has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is believed that no extensions of time or fees for net addition of claims are required, beyond those, which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.

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Dec. 8,2004		
PATENT APPLICATION FEE DETERMINATION RE	CO	RD
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Application or Docket Number

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Effective October 1 52894				<i>.</i>		10[7	438	196			
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	MIIY	OR	OTHER SMALL			
TOTAL CLAIMS						·	RATE	FEE	1	RATE	FEE	
FC)R·	NUMBER FILED NUMBER EXTRA			BASIC FE	395.00	OR	BASIC FEE	790.00			
TOTAL CHARGEABLE CLAIMS		minus 20=		•			×25		OR	x-50		
INDEPENDENT CLAIMS		ininus 3 =				×100		OR	x 200			
ML	MULTIPLE DEPENDENT CLAIM PRESEN		RESENT	ENT 🛄			£180		OR	+360		
* !!	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	,	TOTAL		OR	TOTAL	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					}	+180	/	OR	+360			
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		(Column 1)		(Colun	nn 2)	(Column 3)						
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_	FIRST PRESE	NTATION OF M	JLTIPLE DE	ENDENT	CLAIM		1	+ 180		OR	+360	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 101AL OR ADDIT. FEE ADDIT. FEE ADDIT. FEE												
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "" The "Highest Number Previously Paid For" (Total or Independent) is the highest nime; er found in the appropriate box in optumn 1											